

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	11 9	45	12/16
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	(80)	2800	10/11/01 6:00
C.S. W			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final	11/2/01	Original	10/11/01	Final	
1		2		101	
2		3		102	
3		4		103	
4		5		104	
5		6		105	
6		7		106	
7		8		107	
8		9		108	
9		10		109	
10		11		110	
11		12		111	
12		13		112	
13		14		113	
14		15		114	
15		16		115	
16		17		116	
17		18		117	
18		19		118	
19		20		119	
20		21		120	
21		22		121	
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23		24		123	
24		25		124	
25		26		125	
26		27		126	
27		28		127	
28		29		128	
29		30		129	
30		31		130	
31		32		131	
32		33		132	
33		34		133	
34		35		134	
35		36		135	
36		37		136	
37		38		137	
38		39		138	
39		40		139	
40		41		140	
41		42		141	
42		43		142	
43		44		143	
44		45		144	
45		46		145	
46		47		146	
47		48		147	
48		49		148	
49		50		149	
50				150	

If more than 150 claims or 10 actions  
staple additional sheet here

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